

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5002AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/11/2008
NAME OF PROVIDER OR SUPPLIER HOLY FAMILY ADULT CARE HOME LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1013 STONEYPEAK AVE LAS VEGAS, NV 89108		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation conducted at your facility on 12/11/08. The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006. The facility was licensed for 6 total beds. The facility had the following category of classified beds: Category 2 - 6 beds The facility had the following endorsements: Residential facility which provides care to elderly and/or disabled persons, and/or persons with chronic illnesses. The census at the time of the survey was 3. Three resident files and two discharged resident files were reviewed and 6 employee files were reviewed. There were 2 complaint(s) investigated during the survey. Complaint #NV00018552 Unsubstantiated Complaint #NV00019500 Unsubstantiated The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	Y 000	Acceptable POE 5/5/09 J Seeger		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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TITLE

Owner,
Manager

(X6) DATE

5/4/09

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Y 050	<p>449.194(1) Administrator's Responsibilities-Oversight</p> <p>NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review the administrator failed to provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility was in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS.</p> <p>Findings include:</p> <p>Please refer to Tags #Y067, #Y070, #Y251, #Y661, #Y662, #Y680, #Y1001, #Y1020</p> <p>Severity: 2 Scope: 3</p>	Y 050	<p>Y050</p> <p>a) STAFF OF THE FACILITY HAS INFORMED AND EDUCATE REGARDING REGULATION NAC 449.194</p> <p>b) ADMINISTRATION WILL MONITOR FACILITY IS IN COMPLIANCE WITH NAC 449.194 TO ENSURE REGULATIONS IS MET</p> <p>c) ADMINISTRATION SET UP A ROOM TO BE USED BY THE FACILITY FOR TAG #067, #070, #661 #662</p> <p>d) ADMINISTRATION WILL MONITOR AS LEFT EVERY SIX MONTHS ON TAG #070 #661, #662, #1001, #1020 TO ENSURE REQUIREMENTS IS MET.</p> <p>e) 4/28/09</p> <p>f) ATTACHMENT #1 TAG Y1020 ATTACHMENT #2 TAG Y067 ATTACHMENT #3 TAG Y661, TAG Y662</p>	
Y 051	<p>449.194(2) Administrator's Responsibilities-Designation</p>	Y 051		

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Y 051	Continued From page 2 NAC 449.194 The administrator of a residential facility shall: 2. Designate one or more employees to be in charge of the facility during those times when the administrator is absent. Except as otherwise provided in this subsection, employees designated to be in charge of the facility when the administrator is absent must have access to all areas of and records kept at the facility. Confidential information may be removed from the files to which the employees in charge of the facility have access if the confidential information is maintained by the administrator. The administrator or an employee who is designated to be in charge of the facility pursuant to this subsection shall be present at the facility at all times. The name of the employee in charge of the facility pursuant to this subsection must be posted in a public place within the facility during all times that the employee is in charge. This Regulation is not met as evidenced by: Based on observation, interview and record review, the administrator failed to designate one or more employees to be in charge of the facility when the administrator was absent. Findings include: There was no documented evidence of an employee designated to be in charge in the absence of the administrator. Employee #4 was hired on 9/2/08. The employee was not aware of who would be in charge in the absence of the administrator. The employee notified the owner of the facility (Employee #2) by	Y 051	Y 051 a) STAFF OF THE FACILITY WAS INFORMED REGARDING REGULATION OF NAC 449.194 b) ADMINISTRATOR DESIGNATE EMPLOYEE IN CHARGE IN THE ABSENCE OF THE ADMINISTRATOR. c) ADMINISTRATOR WILL MONITOR FACILITY WAS DESIGNATED EMPLOYEE IN CHARGE AT ALL TIME. d) THE FACILITY WAS NEW EMPLOYEE IN CHARGE ATTACHMENT #4 e) 4/25/09 f) EMPLOYEE #4 + #5 + #6 WAS TERMINATED AS OF 11/1/09. g) EMPLOYEE #2 + #3 ALREADY TERMINATED THEMSELVES AS CONSEQUENCE.	

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Y 051	Continued From page 3 phone during the survey. The owner relayed to Employee #4 she could answer any questions. Employee #4 left a message for the administrator (Employee #1) to notify him of the survey taking place in the facility. The administrator had not returned the phone call during the survey. Severity: 2 Scope: 3	Y 051		
Y 053	449.194(4) Administrator's Responsibilities-Complete Rec NAC 449.194 The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate. This Regulation is not met as evidenced by: Based on record review, observation and interview, the administrator failed to keep complete and accurate records. Findings include: Please refer to Tags #Y070, #Y100, #Y101, #Y102, #Y103, #Y104, #Y105, #Y106, #Y645, #Y859, #Y933 and #Y936. Severity: 2 Scope: 3	Y 053	Y 053 a) STAFF OF THE FACILITY WAS INFORMED REGARDING THE REGULATION OF NAC 449.194 b) ADMINISTRATOR WILL ENSURE THAT FACILITY IS IN COMPLIANCE WITH NAC 449.194 REGULATIONS ON #070, Y100, Y101, Y103 Y104, Y105, Y106, FOR STAFF. c) ADMINISTRATOR WILL ENSURE THAT FACILITY IS IN COMPLIANCE WITH NAC 449.194 REGULATIONS ON Y445, Y859, Y933 Y936 FOR RESIDENTS REASONABLE RULES. d) 4/28/09	
Y 067	449.196(1)(c) Qualifications of Caregiver- Read regulation	Y 067		

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Y 067	<p>Continued From page 4</p> <p>NAC 449.196</p> <p>1. A caregiver of a residential facility must:</p> <p>(c) Understand the provisions of NAC 449.156 to 449.2766, inclusive, and sign a statement that he has read those provisions.</p> <p>This Regulation is not met as evidenced by: Based on personnel file review the facility did not ensure 6 of 6 employees had read and understood the provisions of NAC 449.156 to 449.2766.</p> <p>Findings include:</p> <p>Employee #1 had an unknown date of hire. The employees file did not contain a signed statement indicating the employee had read and understood the regulations for Residential Facilities for Groups.</p> <p>Employee #2 had an unknown date of hire. There was no documented evidence of a signed statement indicating the employee had read and understood the regulations for Residential Facilities for Groups. There was no employee file to review.</p> <p>Employee #3 had an unknown date of hire. There was no documented evidence of a signed statement indicating the employee had read and understood the regulations for Residential Facilities for Groups. There was no employee file to review.</p>	Y 067	<p>Y067</p> <p>a) STAFF OF THE FACILITY WAS INFORMED REGARDING REGULATION OF NAC 449.196</p> <p>b) ADMINISTRATOR WILL MONITOR THAT NAC 449.196 (UNDERSTANDING) BY THE EMPLOYEE OF THE FACILITY AND WILL ENSURE THAT ALL NEW AND ONGOING STAFF AND TRAIN BY AN EMPLOYEE IN COMPLIANCE WITH NAC 449.156</p> <p>c) EMPLOYEE #2, #3 ARE NO LONGER EMPLOYED BY THE FACILITY.</p> <p>- EMPLOYEE #4, #5, #6 WAS TERMINATED BY THE FACILITY</p> <p>- NEW EMPLOYEES ARE Hired BY THE FACILITY TO COMPLY WITH THE REGULATION</p> <p>d) AGREEMENT #5</p> <p>e) 1/28/09</p> <p>f) ADMINISTRATOR WILL MONITOR EMPLOYEE EFFORTS AT LEAST EVERY SIX MONTHS TO ENSURE REGULATION ON</p>	

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Y 067	Continued From page 5 Employee #4 was hired on 9/2/08. There was no documented evidence of a signed statement indicating the employee had read and understood the regulations for Residential Facilities for Groups. There was no employee file to review. Employee #5 was hired on 9/2/08. There was no documented evidence of a signed statement indicating the employee had read and understood the regulations for Residential Facilities for Groups. There was no employee file to review. Employee #6 had an unknown date of hire. There was no documented evidence of a signed statement indicating the employee had read and understood the regulations for Residential Facilities for Groups. There was no employee file to review. Severity: 1 Scope: 3	Y 067	NAC 449.196 is met by the facility.		
Y 070	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure 4 of 6 caregivers received eight hours of annual training (Employee #1, #2, #3, and #6) Employee #1 had an unknown date of hire. There was no documented evidence of 8 hours of training received in the past 12 months.	Y 070	Y070 a) STAFF OF THE FACILITY WAS INFORMED REGARDING THE REGULATION OF NAC 449.196(1)(F), b) ADMINISTRATOR WILL MONITOR THAT FACILITY IS IN COMPLIANCE WITH NAC 449.196(1)(F) REGULATIONS, c) ADMINISTRATOR WILL MONITOR THE EMPLOYEE CATALOG AT LEAST EVERY SIX MONTHS TO ENSURE EACH EMPLOYEE IS IN COMPLIANCE WITH NAC 449.196(1)(F), d) EMPLOYEE #1		

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Y 070	Continued From page 6 A message was left with the administrator of the facility. The administrator did not return the phone call during the survey. Employee #2 had an unknown date of hire. There was no employee file to review. Employee #2 was the owner of the facility. The employee indicated Employee #4 could answer any questions. Employee #3 had an unknown date of hire. There was no employee file to review. Employee #6 had an unknown date of hire. There was no employee file to review. Employee #4 was unable to explain why there were no employee files in the facility. Severity: 2 Scope: 3	Y 070		
Y 072	449.196(3) Qualifications of Caregiver-Med re-training NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and (b) At least every 3 years, pass an examination relating to the management of medication	Y 072	Y 072 a) STAFF OF THE FACILITY HAS INFORMED REGARDING NAC 449.196(3) REGULATION b) ADMINISTRATOR WILL BE MONITORING FACILITY TO ENSURE REGULATION OF NAC 449.196(3) IS IN COMPLIANCE. c) ADMINISTRATOR WILL BE CHECKING EMPLOYEE LIST AT LEAST EVERY SIX MONTHS TO ENSURE FACILITY IS IN COMPLIANCE	

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Y 072	Continued From page 7 approved by the Bureau. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure 1 of 6 caregivers had completed the required medication management training (Employee #4). Findings include: Employee #4 was hired on 9/2/08. There was no documented evidence of medication management training. The employee indicated she had not taken the course at this time. The employee indicated she was placing the owners initials on the Medication Administration Record until she completed the medication course. Severity: 2 Scope: 3	Y 072	<p>with the NAC 449.196(3) and the assurance of employee's re-training to comply with the regulations.</p> <p>d) employee #4 has no longer employed in the facility and new employee has hired.</p> <p>e)</p>	
Y 088	4493199(4) Staffing Schedule NAC 449.199 4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires. This Regulation is not met as evidenced by: Based on observation and interview, the administrator failed to maintain and retain a monthly staffing schedule for at least six months.	Y 088	<p>Y088</p> <p>a) staff of the facility has informed regarding regulation of NAC 449.199(4).</p> <p>b) administrator will be monitored facility to ensure regulation of NAC 449.196(c) is in compliance</p> <p>c) administrator will</p>	

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Y 088	Continued From page 8 Findings include: There was no documented evidence of a staff schedule in the facility. Employee #4 was hired on 9/2/08. The employee indicated there was no staffing schedule. Employee #4 and Employee #5 resided at the facility and worked all the time. The employee revealed there was another employee who came to the facility on Sundays from 10:00 AM to 6:00 PM. Severity: 1 Scope: 3	Y 088	BE USING SCHEDULE FORM AND WILL BE POSTED MONTHLY AND KEPT ON FILE FOR RECORDS. d) Attachment #8, TAG Y088 e) 4/28/09	
Y 100	449.200(1)(a) Personnel File - Employee Info NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (a) The name, address, telephone number and social security number of the employee. This Regulation is not met as evidenced by: Based on personnel file review and interview, the facility failed to provide an employee file for 5 of 6 residents (Employee #2, #3, #4, #5 and #6). Findings include: Employee #2 did not have an employee file to review. Employee #3 did not have an employee file to	Y 100	Y100 a) STAFF OF THE FACILITY WAS INFORMED REGARDING REGULATIONS OF NAC 449. 200(1)(a) TO BE FOLLOWED b) ADMINISTRATOR WILL MONITOR THAT FACILITY IS IN COMPLIANCE WITH NAC 449.200(1)(a) REGU- LATION. c) ADMINISTRATOR HAS SET UP AN INDIVIDUAL PERSONNEL FILE FOR THE RECORDS TO BE USED FOR EACH EMPLOYEE YEE. d) ADMINISTRATOR WILL BE USING EACH EMPLOYEE PERSONAL	

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Y 100	Continued From page 9 review. Employee #4 did not have an employee file to review. Employee #5 did not have an employee file to review. Employee #6 did not have an employee file to review. Employee #4 provided a copy of her cardiopulmonary resuscitation (CPR) certification and her resume from her personal records. Employee #5 provided a copy of his resume from his personal records. Employee #4 indicated she was not aware of where the employee files were kept in the facility. The employee was unable to find any employee files in the facility office and did not know how to locate the files. Severity: 2 Scope: 3	Y 100	FILES AT LEAST EVERY SIX MONTHS TO ENSURE THAT FACILITY IS IN COMPLIANCE WITH NAC 449.200 (1)(a) REGULATIONS. 2) 4/28/09	
Y 101	449.200(1)(b) Personnel File - date of hire NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (b) The date on which the employee began his employment at the residential facility.	Y 101	Y101 a) STAFF OF THE FACILITY HAS INFORMED RESIDENTS NAC 449.200 (1)(b) REGULATIONS. b) ADMINISTRATOR WILL MONITOR FACILITY THAT EACH EMPLOYEE'S PERSONAL FILE HAS NAC 449.200(1)(b) REQUIREMENTS. c) ADMINISTRATOR HAS SET UP AN APPLICATION FORM WITH ALL INFORMATION IN COMPLIANCE WITH NAC 449.200(1)(b). d) ADMINISTRATOR WILL BE MONITORING EMPLOYEES PERSONAL FILES TO ENSURE REGULATIONS	

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Y 101	Continued From page 10 This Regulation is not met as evidenced by: Based on personnel file review, there was no hire date for 4 of 6 employees (Employee #1, #2, #3 and #6). Findings include: There was no documented evidence of a hire date in Employee 1's file. Employee #2, #3 and #6 did not have an employee file to review. Severity: 1 Scope: 3	Y 101	<p>Assignment of least 60 days Six months and when each facility has hired new employees.</p> <p>e) employee #1 was com- pleted resolution n/c 449.200(1)(b).</p> <p>f) employee #2, #3, #6 was been terminated by the facility and new employee has hired.</p> <p>g) Attachment #98, TAG Y101</p> <p>h) 4/28/09</p>	
Y 102	449.200(1)(c) Personnel File - Training Records NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (c) Records relating to the training received by the employee. This Regulation is not met as evidenced by: Based on personnel file review, the facility failed to ensure 6 of 6 employees received not less than 8 hours of training related to providing for the needs of the residents (Employee #1, #2, #3, #4, #5 and #6). Findings include: Employee #1 had an unknown date of hire. The employee had documented evidence of 4 hours of training in medication management on	Y 102	<p>Y102</p> <p>a) STAFF OF THE FACILITY has informed and edu- cate regarding require- ments of n/c 449.200(1)(c)</p> <p>b) ADMINISTRATOR will monitor personnel file to ensure compliance on n/c 449.200(1)(c) is in compliance by the facility.</p> <p>c) ADMINISTRATOR will issue that facility will personnel file for each employees and will check it each</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5002AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2008
NAME OF PROVIDER OR SUPPLIER HOLY FAMILY ADULT CARE HOME LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1013 STONEYPEAK AVE LAS VEGAS, NV 89108		
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Y 102	Continued From page 11 11/20/08. Employee #2 had an unknown date of hire. There was no employee file to review. Employee #3 had an unknown date of hire. There was no employee file to review. Employee #4 was hired on 9/2/08 per the employee's statement. There was no employee file to review. Employee #5 was hired on 9/2/08 per the employee's statement. There was no employee file to review. Employee #6 had an unknown date of hire. There was no employee file to review. Severity: 2 Scope: 3	Y 102	EVERY SIX MONTHS FOR TRAINING RE-CERTIFICATION d) EMPLOYEE #2, #3, #4, #5, & #6 HAS TERMINATED BY THE FACILITY TO RE-ORGANIZED STAFFING. NEW EMPLOYEE HAS BEEN, e) EMPLOYEE CHECKLIST WILL BE USED TO ENSURE NAC 449.200(1)(c) IS MET AND INDIVIDUAL PERSONNEL FILE HAS ESTABLISHED IN COMPLIANCE WITH THE REGULATIONS. f) ATTACHMENT #10, TAG Y102 g) 4/28/09	
Y 103	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment.	Y 103	Y103 a) STAFF OF THE FACILITY HAS INFORMED REGARDING REGULATION OF NAC 449.200(1)(d). b) ADMINISTRATOR WILL MONITOR FACILITY TO ENSURE REGULATION OF NAC 449.200(1)(d) IS IN COMPLIANCE c) ADMINISTRATOR WILL BE USING EMPLOYEE CHECKLIST FORM (ATTACHMENT #10, TAG Y102 SUBMITTED) TO ENSURE REGULATION	

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Y 103	Continued From page 12 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter,	Y 103	<p>will be met.</p> <p>d) employees #2, #3, #4, #5 do not remain in the re-organized structure for the facility, new employees are hired.</p> <p>e) Administrator will ensure that facility has requirements and or has completed em- ployee checklist prior hiring and or within 30 days of hiring.</p> <p>f) Attachment #10, TB 4102 Form will be used.</p> <p>g) 4/28/09</p>		

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Y 103	Continued From page 15 did not have a file to review. There was no documented evidence the employee had received the required tuberculin screening test. The employee file did not contain the results of physical examination or a physician certification that the employee was in a good state of health, was free from active TB and any other disease in a contagious stage. Employee #6 has an unknown date of hire. The employee did not have a file to review. There was no documented evidence the employee had received the required tuberculin screening test. The employee file did not contain the results of physical examination or a physician certification that the employee was in a good state of health, was free from active TB and any other disease in a contagious stage. Severity: 2 Scope: 3	Y 103		
Y 104	449.200(1)(e) Personnel File - References NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (e) Evidence that the references supplied by the employee were checked by the residential facility. This Regulation is not met as evidenced by: Based on personnel file review, the facility failed to investigate the references on 5 of 6 employees (Employee #2, #3, #4, #5 and #6).	Y 104	Y 104 a) STAFF OF THE FACILITY HAS INFORMED RESIDENTS REGULATION ON NAC 449.200 (1)(e). b) ADMINISTRATOR WILL MONITOR FACILITY TO ENSURE REGULATION OF NAC 449.200 (1)(e) IS IN COMPLIANCE. c) ADMINISTRATOR WILL BE USING EMPLOYEE CHECKLIST FOR PERSONNEL	

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Y 104	Continued From page 16 Findings include: Employee #2 had an unknown date of hire. There was no employee file to review. Employee #3 had an unknown date of hire. There was no employee file to review. Employee #4 was hired on 9/2/08. There was no employee file to review. Employee #5 was hired on 9/2/08. There was no employee file to review. Employee #6 had an unknown date of hire. There was no employee file to review. Severity: 1 Scope: 3	Y 104	FILE TO REGULATE NAC 449.200(1)(e). d) employee #2, #3, #4, #5 #6 has terminated and hired new employee. e) (attachment #10, reg 4102) will be used to comply with the regulation NAC 449. f) 4/28/09		
Y 105	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: NRS 449.176 Investigation of criminal history of applicant for license to operate certain facility. 1. Each applicant for a license to operate a facility for intermediate care, facility for skilled nursing or residential facility for groups shall submit to the Central Repository for Nevada Records of Criminal History two complete sets of fingerprints for submission to the Federal Bureau	Y 105	Y 105 a) staff of the facility has informed regarding NAC 449.200(1)(f) regulation b) administrator will monitor facility that NAC 449.200(1)(f) is in compliance with the regulation. c) administrator will monitor facility to assure that NAC 449.200(1)(f) is met by using employee check list and exact check six months at least for re-certification d) administrator has signed up a form for use		

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Y 105	Continued From page 17 of Investigation for its report. 2. The Central Repository for Nevada Records of Criminal History shall determine whether the applicant has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188 and immediately inform the administrator of the facility, if any, and the Health Division of whether the applicant has been convicted of such a crime. (Added to NRS by 1997, 442) NRS 449.179 Initial and periodic investigations of criminal history of employee or independent contractor of certain agency or facility. 1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall: (a) Obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime listed in NRS 449.188 (b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a); (c) Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and (d) Submit to the Central Repository for Nevada Records of Criminal History the fingerprints obtained pursuant to paragraph (c). 2. The administrator of, or the person	Y 105	BY THE FACILITY REQUIRED FOR NRS 449.188 IN COMPLIANCE WITH NAC 449.200(1)(F) REGULATIONS. 2) EMPLOYEE NOTE: SEE CONT. ON PAGE 22 OF 58.	

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Y 105	Continued From page 21 (a) Before it received the information concerning the employee or independent contractor from the Central Repository; (b) During any period required pursuant to subsection 2 to allow the employee or independent contractor to correct that information; (c) Based on the information received from the Central Repository, if the information received from the Central Repository was inaccurate; or (d) Any combination thereof. È An agency or facility may be held liable for any other conduct determined to be negligent or unlawful. (Added to NRS by 1997, 443; A 1999, 1948 Based on record review, the facility failed to ensure the criminal history for 2 of 6 employees were investigated at least once every 5 years (Employee #2 and #4), 6 of 6 employees had a written statement stating whether the employee had been convicted of the crimes listed in NRS 449.188 (Employee #1, #2, #3, #4, #5 and #6), 6 of 6 employees had a verification letter from the state repository (Employee #1, #2, #3, #4, #5 and #6) and 6 of 6 employees had copies of fingerprints in the file (Employee #1, #2, #3, #4, #5 and #6). Findings include: Employee #1 had an unknown date of hire. The file indicated fingerprints were completed on 11/27/02. There was no documented evidence of fingerprints completed in 2007, no documented evidence of a signed statement stating whether he had been convicted of a crime, and no documented evidence of a verification letter from the state repository for 2007.	Y 105	<p>BU AN EMPLOYEE STATED BELUCA HAS NOT BEEN CONVICTED OF THE CRIMES IN ACCORDANCE WITH NRS 449.188</p> <p>2) EMPLOYEE #2, #3, #4, #5, #6 HAS TERMINATED BY THE FACILITY AND SIGNED NEAR EMPLOYEE AS CURRENTLY.</p> <p>3) ATTACHMENT #11, TAG Y105</p> <p>4) 4/25/09</p> <p>5) EMPLOYEE #1 RENEWED HIS ADMINISTRATOR LICENSE LAST 7/31/07 AND TERRY PRODUCCI OF BELUCA CONFIRMED THAT HE DID NOT NEED ANOTHER FINGERPRINTING OR BACKGROUND CHECK UNTIL THE NEXT RENEWAL ON 7/31/09.</p>	

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Y 105	Continued From page 23 written statement stating whether the employee had been convicted of the crimes listed in NRS 449.188 or a verification letter from the state repository. Severity: 2 Scope: 3	Y 105		
Y 106	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on personnel file review and interview, the facility failed to ensure 5 of 6 caregivers were trained in first aid and/or cardiopulmonary resuscitation(CPR) (Employee #2, #3, #4, #5 and #6). Findings include: Employee #2 had an unknown date of hire. There was no employee file to review. Employee #3 had an unknown date of hire. There was no employee file to review. Employee #4 was hired on 9/2/08. There was no employee file to review. The employee provided a copy of her CPR certification. The certification	Y 106	Y106 a) STAFF OF THE FACILITY HAS INFORMED REGARDING REGULATION OF NAC 449.200 (2)(a). b) ADMINISTRATOR WILL MONITOR FACILITY TO ENSURE NAC 449.200(2)(a) IS IN COMPLIANCE WITH THE REGULATION. c) ADMINISTRATOR WILL ASSURE THAT EMPLOYEE ROSTER LIST WILL BE AT LEAST SIX MONTHS SIX MONTHS FOR RE-CERTIFICATION AS REQUIRED BY NAC 449.200(2)(a) d) EMPLOYEES #2, #3, #4, #5, #6 HAS TERMINATED AND RE-ORGANIZED TRAINING OF THE FACILITY e) (ATTACHMENT #10, TAG Y106 WILL BE USED).	

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Y 106	Continued From page 24 expired April 2010. Employee #5 was hired on 9/2/08. There was no employee file to review. Employee #6 had an unknown date of hire. There was no employee file to review. Employee #4 indicated she was aware she was required to have first aid certification. The employee revealed she had not had time to take the course. Severity: 2 Scope: 3	Y 106	8) 4/28/09	
Y 152	449.204(2) Insurance-BLC endorsement NAC 449.204 2. A certificate of insurance must be furnished to the Division as evidence that the contract required by subsection 1 is in force and a license must not be issued until that certificate is furnished. Each contract of insurance must contain an endorsement providing for a notice of 30 days to the bureau before the effective date of a cancellation or nonrenewal of the policy. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to evidence of a Certificate of Liability Insurance Policy. Findings include: Certificate of Liability Insurance policy was not available to review.	Y 152	Y 152 a) original was submitted regarding NAC 449.204 (2) REQUIREMENT. b) administrator will monitor record of liability insurance is in record and of file that is easily found and available for review. c) administrator will monitor facility to ensure regulation of NAC 449.204(2) is in compliance. d) attachment # 12, TAG 152	

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Y 152	Continued From page 25 Employee #4 was unable to find the insurance policy. Severity: 1 Scope: 3	Y 152		
Y 251	449.217(2) Storage of Food-Perishable foods refrigerated NAC 449.217 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees or less. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure proper storage of perishable foods. Findings include: On 12/11/08 at 11:00 AM, three chicken breasts were noted to be in a plastic container covered with water sitting on the kitchen counter by the sink. Employee #4 was indicated the chicken breasts were for her due to the residents did not eat chicken. The employee indicated she usually defrosted the chicken in the microwave. The employee was unable to say why she put the chicken in water today. The residents ate Filipino noodles and vegetables for lunch. The residents indicated they enjoyed the Filipino food served.	Y 251	<p>Y251</p> <p>a) staff of the facility has informed regarding regulation of NAC 449. 217(2),</p> <p>b) administrator will monitor facility to ensure NAC 449.217 (2) is met</p> <p>c) 4/28/09</p>	

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Y 251	Continued From page 26 Severity: 2 Scope: 3	Y 251		
Y 272	449.2175(3) Service of Food - Menus NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to provide dated weekly menus. Findings include: A menu was taped to the side of the refrigerator. There were no dates or days of the week on the calender. Employee #4 indicated she did not follow a menu. The employee cooked what the residents request or what she felt like cooking. Severity: 1 Scope: 3	Y 272	Y272 a) STAFF OF THE FACILITY WAS INFORMED REGARDING NAC 449.217(3) REGULATIONS b) ADMINISTRATOR WILL MONITOR FACILITY TO ENSURE NAC 449.217(3) IS IN COMPLIANCE IN ACCORDANCE WITH THE REGULATION. c) ADMINISTRATOR WILL SET UP A WEEKLY MENU TO BE USED BY THE FACILITY TO COMPLY WITH NAC 449.217(3) d) ADMINISTRATOR WILL SET UP A FINE FOR MENUS TO KEEP RE CORDS AT LEAST FOR 90 DAYS IN COMPLIANCE WITH NAC 449.217(3) e) ATTACHMENT #13, TAG Y252. f) 1/26/09	
Y 274	449.2175(5) Service of Food - Substitutions NAC 449.2175 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal.	Y 274		

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Y 274	Continued From page 27 This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to provide written substitutions on the menu. Findings include: A menu was taped to the side of the refrigerator. There were no dates or days of the week on the calender. There was nothing written in for substitutions. Employee #4 indicated she did not follow a menu. The employee cooked what the residents requested or what she felt like cooking. The employee was not aware she was required to write the substitutions on the menu. Severity: 1 Scope: 3	Y 274	Y 274 a) STAFF OF THE FACILITY HAS INFORMED REGARDING REGULATION OF NAC 449.217(5) b) ADMINISTRATOR WILL MONITOR FACILITY TO ENSURE NAC 449.217(5) IS IN COMPLIANCE WITH THE REGULATION c) ADMINISTRATOR SET UP FORM TO USE FOR SUBSTITUTION BY THE STAFF AS REQUIRED BY NAC 449.217(5) d) Attachment # 14, TAG Y 274 e) 4/28/09	
Y 434	449.229(3) Emergency Drills NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure that monthly evacuation drills were conducted on an monthly schedule for the past 1 of 12 months.	Y 434	Y 434 a) STAFF OF THE FACILITY HAS INFORMED REGARDING REGULATION OF NAC 449.229(3) b) ADMINISTRATOR WILL MONITOR FACILITY TO ENSURE NAC 449.229(3) IS IN COMPLIANCE WITH THE REGULATIONS.	

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Y 434	Continued From page 28 Findings include: There was no documented evidence of a fire drill completed for November 2008. The last documented fire drill was 10/10/08. Severity: 2 Scope: 1	Y 434	c) administrator will monitor facilities records on monthly basis to ensure facility is in compliance with NAC 449.229(3).	
Y 441	449.229(7)(a) Smoking Policy NAC 449.229 7. The administrator shall ensure that a written policy on smoking is developed and carried out by the facility. The policy must be: (a) Developed with the purpose of preventing a fire caused by smoking in the facility. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure a written policy on smoking was developed. Findings include: There was no documented evidence of a smoking policy posted within the facility. Severity: 1 Scope: 3	Y 441	d) attachment #15, 449.229(3) e) 4/28/09 Y 441 a) staff of the facility was informed regulation of NAC 449.229(7). b) administrator will monitor facility to ensure facility is in compliance with NAC 449.229(7) regulation is met. c) administrator has informed smoking policy posted within the facility to comply with NAC 449.229(7). d) attachment #16, TAG Y 441. e) 4/28/09	

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Y 444	Continued From page 29	Y 444		
Y 444	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure smoke detectors were tested 2 out of the past 12 months (October and November 2008). Findings include: There was no documented evidence of a smoke detector check for the months of October and November 2008. Severity: 2 Scope: 1	Y 444	Y 444 a) STAFF OF THE FACILITY HAS INFORMED REGARDING NAC 449.229(9) REGULATION b) ADMINISTRATOR WILL MONITOR FACILITY TO ENSURE NAC 449.229(9) IS IN COMPLIANCE WITH THE REGULATION. c) ADMINISTRATOR WILL CHECK RECORDS IN A MONTHLY BASIS TO ENSURE FACILITY IS IN COMPLIANCE WITH NAC 449.229(9) d) ATTACHMENT #17, TAG Y 444 e) 4/28/09	
Y 450	449.231(1) First Aid and CPR NAC 449.231 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training.	Y 450	Y 450 a) STAFF OF THE FACILITY HAS INFORMED REGARDING REGULATION OF NAC 449.231(1). b) ADMINISTRATOR WILL MONITOR FACILITY TO ENSURE FACILITY IS IN COMPLIANCE WITH NAC 449.231(1) REGU	

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Y 450	Continued From page 30 This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure 2 of 6 employees (Employee #4, and #5) had evidence of current training in first aid and 1 of 6 employees (Employee #5) had evidence of current training in Cardiopulmonary Resuscitation (CPR). Findings include: Employee #4 was hired on 9/2/08. There was no employee file to review. The employee showed documented evidence of a current CPR certification expired on 4/2010. The employee indicated she knew she needed a first aid certification but had not had time to go to the class. Employee #5 was hired on 9/2/08. There was no employee file to review. Severity: 2 Scope: 3	Y 450	c) employee #4, #5 has terminated and new employee has been hired. d) administrator will ensure to ensure employee current at least every six months to comply with NAC 449.231(1) and re-certification e) 4/28/09		
Y 533	449.260(1)(g)(2) Activities for Residents NAC 449.260 1. The caregivers employed by a residential facility shall: (g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be: (2) Kept on file at the facility for not less than 6 months after it expires.	Y 533	a) staff of the facility has informed regarding NAC 449.260(1)(g)(2) regulation b) administrator will monitor facility to ensure NAC 449.260(1)(g)(2) is in compliance with the regulation c) administrator will monitor facility to ensure in compliance in a monthly basis, that facility has activities for residents posted and kept on files at least 6 months		

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Y 533	Continued From page 31 This Regulation is not met as evidenced by: Based on observation and interviews, the facility failed to provide at least 10 hours of activities for 3 of 3 residents (Resident #1, #2 and #3). Findings include: There was no documented evidence of an activity schedule in the facility. Employee #5 indicated he offered to take resident #1 out of bed and into the living room to watch television if he wished. Employee #4 was unsure why there was no activity schedule. During the survey, the residents were not offered involvement in any activities. Resident interviews revealed no issues regarding activities. Severity: 1 Scope: 3	Y 533	OF RECORDS OFFERED BY PROVIDERS. d) attachment # 18, TAG Y533 e) 4/28/09	
Y 623	449.2702(4)(d) Admission Policy NAC 449.2702 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (d) Requires skilled nursing or other medical supervision on a 24-hour basis.	Y 623	Y623 a) STAFF OF THE FACILITY OR INADEQUATELY TRAINED NAC 449.2702(4)(d). b) ADMINISTRATION WILL MONITOR FACILITY TO ENSURE THAT NAC 449.2702(4)(d) IS IN COMPLIANCE BY THE	

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Y 623	Continued From page 32 This Regulation is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure appropriate admission of a resident (Resident #1). Findings include: Resident #1 was admitted on 8/17/08 with diagnoses including Cerebrovascular Accident, Hypertension, Dysphagia, Chronic Obstructive Pulmonary Disease, Osteoarthritis of the spine, Depression, Dementia secondary to stroke, and Diabetes II. The resident indicated he was unable to care for his gastrostomy tube. The resident was completely dependent on staff for oral care, shaving, bathing, dressing, feeding, shaving, toileting and medication administration per the admission activity of daily living assessment completed on 8/17/08. The Physician Statement dated 8/1/08 stated "May use feeding tube for medicine delivery if unable to swallow appropriately at anytime. Needs to have distilled water given through feeding tube given at 10 ounces every 4 hours except with sleeping". On 12/11/08 at 12:25 PM, Employee #5 demonstrated providing water to the resident through the gastrostomy tube (g-tube). The employee took water from the water cooler. Wearing gloves and a mask, the employee took 2 ounces of water and slowly pushed the water through the g-tube. The resident was sitting upright at the side of the bed. The employee indicated he did this three times a day with meals.	Y 623	<p>Facility.</p> <p>c) administrator will monitor residents 44P, admission should to ensure NAC 449.</p> <p>2702(4)(D) is in compliance with the regulation by the facility.</p> <p>d) attachment #19, page 623</p> <p>e) 4/28/09</p>		

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Y 623	Continued From page 33 On 12/11/08 at 3:35 PM, Employee #4 indicated a nurse came to visit the resident 1 time a week to change the g-tube dressing, check the capillary blood sugar and check the residents blood pressure. The employee indicated she would change the dressing or add tape to the dressing if needed. Review of the residents record revealed documentation from the physical therapist. The only documented note from a registered nurse was dated 8/22/08 indicating the vital signs were stable. Severity: 2 Scope: 1		Y 623		
Y 645	449.2704(1) Rate Agreement NAC 449.2704 The administrator of a residential facility shall, upon request, make the following information available in writing: 1. The basic rate for the services provided by the facility. This Regulation is not met as evidenced by: Based on record review, the facility failed to provide a rate agreement for 1 of 5 residents reviewed (Resident #2). Findings include: Resident #2 was admitted on 9/11/08. There was no documented evidence of a signed rate		Y 645	Y 645 a) STAFF OF THE FACILITY HAS IN FORMALLY AND COOPERATE WITH THE NAC 449.2704(1) REGULATIONS. b) ADMINISTRATOR WILL MONITOR FACILITY TO ENSURE NAC 449.2704(1) IS IN COMPLIANCE WITH THE REGULATION IS MET BY THE FACILITY. c) ADMINISTRATOR WILL MONITOR RESIDENTS RECORD TO ENSURE NAC 449.2704(1) IS IN COMPLIANCE. d) ATTACHMENT # 20, TAG Y 645	

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Y 645	Continued From page 34 agreement. Severity: 1 Scope: 1	Y 645	e) 4/28/09	
Y 662	449.2706(2) Transfer of Resident NAC 449.2706(2) A resident, his next of kin and the responsible agency, if any, must be consulted and adequate arrangements must be made to meet the resident's needs through other means before he permanently leaves the facility. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure documentation indicating adequate arrangements must be made to meet the resident's needs (Resident #4 and #5). Findings include: Resident #4 was admitted on 2/20/08 with diagnoses including Hypertension, Insomnia, Hyperlipidemia, Right Hemipelvis Fracture and Generalized Debility. Employee #4 indicated the resident was discharged on 12/5/08 to a local Assisted Living Facility. The employee indicated the owner (Employee #2) was at the facility the day of transfer and handled the resident move. The resident file did not contain a date of birth, or any documentation regarding a transfer out of the facility. The last documentation on the	Y 662	<p>4662</p> <p>a) STAFF OF THE FACILITY HAS INFORMED AND EDUCATED RESIDENTS REGARDING LOCATION OF NAC 449.2706(2).</p> <p>b) ADMINISTRATOR WILL MONITOR FACILITY TO ENSURE THAT REGULATION OF NAC 449.2706(2) IS IN COMPLIANCE.</p> <p>c) ADMINISTRATOR WILL MONITOR CLOSED FILE TO ENSURE THAT REGULATION OF NAC 449.2706(2) IS IN COMPLIANCE WITH DISCHARGE TRANSFER FORM IS USED.</p> <p>d) ATTACHMENT # 21, TAG 4662</p> <p>e) 4/28/09</p>	

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Y 662	Continued From page 35 Medication Administration Record was 12/5/08. Resident #5 was admitted on 1/27/08 with diagnoses including Early Parkinson and Early Alzheimer's Disease. Employee #4 indicated the resident was discharged on 12/5/08 to a local Assisted Living Facility. The employee indicated the owner (Employee #2) was at the facility the day of transfer and handled the resident move. The resident file did not contain a date of birth, or any documentation regarding a transfer out of the facility. The last documentation on the Medication Administration Record was 12/5/08. Severity: 2 Scope: 3	Y 662		
Y 680	449.271(1) Gastrostomy Care NAC 449.271 Except as otherwise provided in NAC 449.2736, a person must not be admitted to a residential facility or permitted to remain as a resident of a residential facility if he: 1. Requires gastrostomy care. This Regulation is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure appropriate placement of a resident who required gastrostomy care (Resident #1). Findings include:	Y 680	<p>Y680</p> <p>a) STAFF OF THE FACILITY 408 INFORMED AND EDUCATE REGARDING REGULATION OF NAC 449.271(1)</p> <p>b) ADMINISTRATOR WILL MONITOR FACILITY TO ENSURE NAC 449. 271(1) IS IN COMPLIANCE WITH THE REGULATION</p> <p>c) ADMINISTRATOR WILL 32 EFFECTIVE DISCHARGE STATEMENT AND 4 & P TO ENSURE FACILITY IS IN COMPLIANCE WITH NAC 449.271(1)</p>	

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Y 680	Continued From page 36 Resident #1 was admitted on 8/17/08 with diagnoses including Cerebrovascular Accident, Hypertension, Dysphagia, Chronic Obstructive Pulmonary Disease, Osteoarthritis of the spine, Depression, Dementia secondary to stroke, and Diabetes II. The resident indicated he was unable to care for his gastrostomy tube. The resident was completely dependent on staff for oral care, shaving, bathing, dressing, feeding, shaving, toileting and medication administration per the admission activity of daily living assessment completed on 8/17/08. The Physician Statement dated 8/1/08 stated "May use feeding tube for medicine delivery if unable to swallow appropriately at anytime. Needs to have distilled water given through feeding tube given at 10 ounces every 4 hours except with sleeping". On 12/11/08 at 12:25 PM, Employee #5 demonstrated providing water to the resident through the gastrostomy tube (g-tube). The employee took water from the water cooler. Wearing gloves and a mask, the employee took 2 ounces of water and slowly pushed the water through the g-tube. The resident was sitting upright at the side of the bed. The employee indicated he did this three times a day with meals. On 12/11/08 at 3:35 PM, Employee #4 indicated a nurse came to visit the resident 1 time a week to change the g-tube dressing, check the capillary blood sugar and check the residents blood pressure. The employee indicated she would change the dressing or add tape to the dressing if needed.	Y 680	<i>2.6.11/08</i> <i>d)</i>		

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Y 680	Continued From page 37 Review of the residents record revealed documentation from the physical therapist. The only documented note from a registered nurse was dated 8/22/08 indicating the vital signs were stable. Severity: 2 Scope: 1	Y 680		
Y 859	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to obtain the results of an initial physical examination for 1 of 5 residents (Resident #2). Findings include: Resident #2 was admitted on 9/11/08. The resident's record failed to provide documented evidence of the results of an initial physical examination for 2008. Severity: 2 Scope: 1	Y 859	<p>Y859</p> <p>a) STAFF OF THE FACILITY HAS INFORMED RESIDENTS REGULATIONS OF NAC 449.274(5)</p> <p>b) ADMINISTRATOR WILL MONITOR FACILITY TO ENSURE NAC 449.274(5) IS IN COMPLIANCE WITH THE REGULATION.</p> <p>c) ADMINISTRATOR WILL MONITOR RESIDENTS FILE TO ENSURE THAT DOCUMENTATION OF NAC 449.274(5) IS IN COMPLIANCE PRIOR TO ADMISSION</p> <p>d) ADMINISTRATOR WILL ENSURE THAT FACILITY WILL BE USING PHYSICIAN CONFIDENTIAL ASSESSMENT FORM.</p> <p>e) 1/28/09</p>	

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NAME OF PROVIDER OR SUPPLIER HOLY FAMILY ADULT CARE HOME LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1013 STONEYPEAK AVE LAS VEGAS, NV 89108		
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Y 870	Continued From page 38	Y 870			
Y 870	449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure that a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 2 of 2 residents residing in the facility for longer than six months (Resident #4 and #5). Findings include: Resident #4 was admitted on 2/20/08. There was no medication profile review in the record. Resident #5 was admitted on 1/27/08. There was no medication profile review in the record. Severity: 1 Scope: 2	Y 870	Y 870 a) staff of the facility was informed regarding regulation of NAC 449.2742(1)(a)(1). b) administrator will monitor facility to ensure NAC 449.2742(1)(a)(1) is in compliance with the regulation. c) administrator will ensure that facility will be using the medication review form to comply with NAC 449.2742(1)(a)(1) regulations. d) administrator will monitor that medication will be checked at least every six months and admission to comply with the regulation. e) Attachment #22, Y 870 h) 4/109		

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Y 877	Continued From page 39	Y 877		
Y 877	449.2742(5) OTC medications & Dietary Supplements NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medication and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to obtain physician orders to administer over-the-counter (OTC) medications for 1 of 3 residents (Resident #2). Resident #2 was admitted on 9/11/08. Calcium 600 with Vitamin D 1 tablet daily and Women's One Daily Vitamin 1 tablet daily were observed in the medication drawer and documented on the Medication Administration Record. There was no documented evidence of a physician order for the medication. Employee #4 indicated the residents daughter brought the medication to the facility to give to the resident. The employee was not aware an order	Y 877 Y 877	Y 877 a) STAFF OF THE FACILITY HAS INFORMED REGARDING REGULATIONS OF NAC 449.2742(5). b) ADMINISTRATOR WILL MONITOR FACILITY TO ENSURE NAC 449.2742(5) IS IN COMPLIANCE WITH THE REGULATION. c) ADMINISTRATOR WILL MONITOR NAC TO ENSURE NAC 449.2742(5) REGULATION IS MET BY THE FACILITY. d) ADMINISTRATOR WILL MONITOR THAT ALL OTC & DIETARY SUPPLEMENTS MUST HAVE WRITTEN INSTRUCTIONS BY THE PHYSICIAN. e) 4/28/09	

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<p>Y 877 Continued From page 40 was needed by the physician. Severity: 2 Scope: 1</p> <p>Y 878 449.2742(6)(a)(1) Medication / Change order</p> <p>NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.</p> <p>This Regulation is not met as evidenced by: Based on record review the facility failed to ensure the medication prescribed by a physician was administered as prescribed for 3 of 5 residents (Resident #1, #2 and #3).</p> <p>Findings Include:</p> <p>Resident #1 was admitted on 8/17/08 with diagnoses including Cerebrovascular Accident, Hypertension, Dysphagia, Chronic Obstructive Pulmonary Disease, Osteoarthritis of the spine, Depression, Dementia secondary to stroke, and Diabetes II.</p> <p>Resident #1 had an order for Sertraline 100 milligrams (mg) 1 tablet to be given at bedtime.</p>	<p>Y 877</p> <p>Y 878</p>	<p>Y878</p> <p>a) STAFF OF THE FACILITY HAS INFORMED REGARDING NAC 449.2742(6)(a)(1) REGULATION</p> <p>b) ADMINISTRATOR WILL MONITOR FACILITY TO ENSURE NAC 449.2742(6)(a)(1) IS IN COMPLIANCE WITH THE REGULATION</p> <p>c) ADMINISTRATOR WILL MONITOR RESIDENT'S MAIL TO ENSURE FACILITY IS IN COMPLIANCE WITH THE REGULATION.</p> <p>d) ADMINISTRATOR ESTABLISHED A FORM TO BE USED BY THE FACILITY TO ENSURE PEN AND OR MAIL DAILY/REGULATED HOURS ARE IN THE RIGHT RECORDING.</p> <p>e) MAIL HAS BEEN COVERED AND RIGHT</p>		

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Y 878	Continued From page 41 The Medication Administration Record (MAR) for August, September, October, November and December 2008 indicated Sertraline 100 mg 1 tablet daily at 8 AM. Resident #1 had an order for Plavix 75 mg at bedtime. The MAR for August, September, October, November and December 2008 indicated Plavix 75 mg 1 tablet daily at 8 AM. Employee #4 indicated she was aware of the difference in times, but the owner wrote out the MAR for each month. Resident #2 was admitted on 9/11/08. The resident had an order for Hydrocodone/AOAO 5/500 1 to 2 tablets every 6 hours as needed. The MAR indicated 1 to 2 tablets every 6 hours at 8 AM and 8 PM. Employee #4 indicated she was aware the medication was to be given as needed, but the MAR indicated 8 AM and 8 PM. The employee indicated the resident was getting better and she would not be giving the medication anymore. Resident #3 was admitted on 8/9/08 with diagnoses including Hypertension, Urinary Frequency, Gait Imbalance, history of falls, Chronic Obstructive Pulmonary Disease, Depression, Insomnia, Osteoporosis, Grave's Disease, Hypothyroidism and Weight Loss. Resident #3 had an order for Guiatus 2 teaspoons (tsp) every 4 hours written on 11/25/08 by the hospice physician. The bottle label indicated Guiatus 2 tsp every 4 hours as needed for cough. The MAR for December 2008 indicated Guiatus 100 mg 2 tsp every four hours. There was no time indicated on the MAR and	Y 878	Form has been used to ensure regulation is met. 8) 4/28/09		

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Y 878	Continued From page 42 initials placed one time a day from December 4 through December 10. Resident #3 had an order for Furosemide 20 mg 1 tablet daily and Potassium 10 milliequivalents daily. Neither medication were on the November 2008 or December 2008 MAR. Employee #4 indicated the resident received the medication each day. The employee indicated the owner did not include a MAR for those medications. Severity: 2 Scope: 3	Y 878			
Y 879	449.2742(6)(a)(2) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (2) Indicate on the container of the medication that a change has occurred. This Regulation is not met as evidenced by: Based on review of the medication administration record (MAR) and observation of the medication bottle, the facility failed to indicate on a container of medication a medication dose had been changed for 1 of 3 residents (Resident #3).	Y 879	<p>Y 879</p> <p>a) staff of the facility has informed facility regarding NAC 449.2742 (6)(a)(2) regulation.</p> <p>b) administrator will monitor facility to ensure NAC 449.2742 (6)(a)(2) is in compliance with the regulation.</p> <p>c) administrator will monitor MAR closely to ensure that NAC 449.2742 (6)(a)(2) regulation is met by the facility.</p> <p>d) administrator set up a form for medication review/change to be use by the facility.</p>		

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Y 879	Continued From page 43 Findings include: Resident #3 was admitted on 8/9/08 with diagnoses including Hypertension, Urinary Frequency, Gait Imbalance, history of falls, Chronic Obstructive Pulmonary Disease, Depression, Insomnia, Osteoporosis, Grave's Disease, Hypothyroidism and Weight Loss. Resident #3 had an order for Guiatus 2 teaspoons (tsp) every 4 hours written on 11/25/08 by the hospice physician. The bottle label indicated Guiatus 2 tsp every 4 hours as needed for cough. The MAR for December indicated Guiatus 100 mg 2 tsp every four hours. There was no time indicated on the MAR and initials placed one time a day from December 4 through December 10. The label on the medication bottle did not indicate a change in the order. Severity: 2 Scope: 1	Y 879	2) Assessment # 23, 704, Y 879 8) 4/28/09	
Y 885	449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.	Y 885	Y 885 a) STAFF OF THE FACILITY HAS INFORMED DELEGATED NAC 449.2742(9) DESTRUCTION b) ADMINISTRATOR WILL MONITOR FACILITY TO ENSURE IN COMPLIANCE WITH NAC 449.2742(9) REGULATION IS MET. c) ADMINISTRATOR WILL CHECK MAIL TO ENSURE THE MEDICATION WILL BE DESTROYED IN A PROPER	

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Y 885	Continued From page 44 This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to destroy medications after they were discontinued, had expired or after a resident had been transferred. Findings include: Resident #2 was admitted on 9/11/08. Dok Plus, Metoprolol and Morphine Sulfate were found in the medication container. The medications were not found on the December 2008 Medication Administration Record. Employee #4 revealed the medications were discontinued when the resident was discharged from Hospice services. The employee indicated the hospice nurse would take away the medication when it was discontinued. There was no hospice record to review. The employee indicated she did not feel comfortable throwing away the medication. The employee indicated the owner should be the person to destroy the medication. On 12/11/08 at 12:15 PM, the hospice nurse indicated the medications were not discontinued, only the services. Resident #3 was admitted on 8/9/08. On 10/27/08 Senna S was discontinued. On 12/8/08 Miralax was discontinued. Both medications remained in the medication closet. Employee #4 indicated she did not feel comfortable throwing away the medication. The employee indicated the owner should be the	Y 885	<p>was not acceptable dis-posing of medications.</p> <p>1) Administrator will assure that facilities will be using medication destruction log form.</p> <p>2) Attachment #24, TAG Y 885.</p> <p>3) 4/28/09</p>	

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Y 885	Continued From page 45 person to destroy the medication. Severity: 2 Scope: 2	Y 885			
Y 899	449.2744(2) Medication Administration NAC 449.2744 2. The administrator of the facility shall keep a log of caregivers assigned to administer medications that indicates the shifts during which each caregiver was responsible for assisting in the administration of medication to a resident. This requirement may be met by including on a resident's medication sheet an indication of who assisted the resident in the administration of the medication, if the caregiver can be identified from this indication. This Regulation is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain accurate medication documentation. Findings include: Resident #1 was admitted on 8/17/08. During review of the Medication Administration Record (MAR), the surveyor noted the initials of ET and RT were written on the MAR for December 2008. Review of the MAR for September 2008, October 2008 and November 2008 also contained the initials of ET and RT. No documented evidence of a signature confirming the initials written on the	Y 899	Y899 a) STAFF OF THE FACILITY INFORMED REGARDING NAC 449.2744(2) REGULATION. b) ADMINISTRATOR WILL MONITOR FACILITY TO ENSURE NAC 449.2744(2) IS IN COMPLIANCE WITH THE REGULATION c) ADMINISTRATOR WILL ENSURE THAT CAREGIVER HAS SIGNATURE AND MAKE INITIAL RECORDING IN COMPLIANCE WITH REGULATION FOR NAC 449.2744(2). d) 4/28/09 e) ADMINISTRATOR WILL ENSURE THAT SIGNATURE OF CAREGIVER HAS INDICATION OF HOW INITIAL TO CORRESPOND WITH THE INITIALS ON MAR.		

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Y 899	Continued From page 47 medications. The employee reiterated she was only writing the owner's initials until she took the medication course. Employee #2 had an unknown date of hire. Employee #2 was one of the owners of the facility. Employee #4 notified Employee #2 the surveyor from the Bureau of Licensure and Certification was in the facility. Employee #2 indicated she was unaware of Employee #4 using her and Employee #3's signature (husband of Employee #2 and part owner). The employee indicated her husband (Employee #3) set the procedure. The employee expressed she had no idea why her husband set up the procedure for Employee #4. Severity: 3 Scope: 3	Y 899		
Y 930	449.2749(1)(a) Resident File NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (a) The full name, address, date of birth and social security number of the resident. This Regulation is not met as evidenced by: Based on interview, the facility failed to ensure all resident records were retained for at least 5 years.	Y 930	<p>Y930</p> <p>a) STAFF OF THE FACILITY HAS INFORMED REGARDING NAC 449.2749(1)(a) REGULATIONS</p> <p>b) ADMINISTRATOR WILL MONITOR NAC 449.2749(1)(a) IS IN COMPLIANCE WITH THE REGULATION BY THE FACILITY.</p> <p>c) ADMINISTRATOR WILL ENSURE THAT RESIDENTS' CLOSED FILE BE KEPT IN A LOCKED CABINET OR AT LEAST 5 YEARS AFTER DISCHARGE.</p> <p>d) 4/28/09</p>	

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Y 930	Continued From page 48 Findings include: On 12/11/08 at 10:15 AM, Employee #4 was requested to provide the surveyor with all discharged or transferred residents from January 2008 to the present. The request was made several times to the employee. At 4:15 PM, the employee indicated she could not find any resident records other than the 2 residents who were recently discharged from the facility. Severity: 2 Scope: 3		Y 930		
Y 933	449.2749(1)(d)(1) Resident File NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services. This Regulation is not met as evidenced by: Based on record review, the facility failed to		Y 933	<p>Y933</p> <p>a) STAFF OF THE FACILITY HAS INFORMED REGARDING NAC 449.2749(1)(d)(1) REGULATIONS</p> <p>b) ADMINISTRATOR WILL MONITOR FACILITY TO ENSURE NAC 449.2749(1)(d)(1) IS IN COMPLIANCE WITH THE REGULATIONS.</p> <p>c) ADMINISTRATOR WILL ENSURE THAT RESIDENT FILE IS IN COMPLIANCE WITH THE REGULATIONS.</p> <p>d) ASSESSMENT #75,784, Y933</p> <p>e) 4/28/09</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5002AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/11/2008
NAME OF PROVIDER OR SUPPLIER HOLY FAMILY ADULT CARE HOME LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1013 STONEYPEAK AVE LAS VEGAS, NV 89108		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 933	Continued From page 49 ensure a physician statement was completed for 1 of 5 residents (Resident #2). Findings include: Resident #2 was admitted on 9/11/08. There was no documented evidence of a physician statement in the residents record. Severity: 1 Scope: 2	Y 933			
Y 936	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: NAC 441A.380 is hereby amended to read as follows: 441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing, or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section, the staff of a facility for the dependent,	Y 936	<p>Y936</p> <p>a) STAFF OF THE FACILITY WAS INFORMED REGARDING REGULATION OF NAC 449.2749(1)(e).</p> <p>b) ADMINISTRATOR WILL MONITOR FACILITY TO ENSURE NAC 449.2749(1)(e) IS IN COMPLIANCE WITH THE REGULATION.</p> <p>c) ADMINISTRATOR WILL OBSERVE RESIDENTS FILE TO ENSURE NAC 449.2749(1)(e) IS IN COMPLIANCE WITH THE REGULATION.</p> <p>d) ATTACHMENT #26, TAG Y936</p> <p>e) 4/28/09</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5002AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/11/2008
NAME OF PROVIDER OR SUPPLIER HOLY FAMILY ADULT CARE HOME LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1013 STONEYPEAK AVE LAS VEGAS, NV 89108		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
Y 941	Continued From page 54 the records failed to provide documented evidence the rules of the facility were signed by the administrator of the facility and the resident. Severity: 1 Scope: 3	Y 941			
Y 944	449.2749(2) Resident File / Discharge NAC 449.2749 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. This Regulation is not met as evidenced by: Based on record review and interview, the facility did not provide proper documentation regarding two residents who had been discharged (Resident #4 and #5). Findings include: There was no evidence of documentation of the discharge and destination after Resident #4 and Resident #5 were discharged 12/5/08. Severity: 1 Scope: 1	Y 944	<p>Y 944</p> <p>a) STATE OF THE FACILITY HAS INFORMED RESIDENTS REGARDING REGULATION OF THE 449.2749(2).</p> <p>b) ADMINISTRATION WILL MONITOR FACILITY IS IN COMPLIANCE WITH THE REGULATION OF NAC 449.2749(2)</p> <p>c) ATTACHMENT # 28, TAG Y 944</p> <p>d) 4/28/09</p>		

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NAME OF PROVIDER OR SUPPLIER HOLY FAMILY ADULT CARE HOME LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1013 STONEYPEAK AVE LAS VEGAS, NV 89108		
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Y1001	Continued From page 55	Y1001		
Y1001	449.2758(1) Training Requirements	Y1001		
	<p>NAC 449.2758</p> <p>1. Within 60 days after being employed by a residential facility for elderly or disabled persons, a caregiver must receive not less than 4 hours of training related to the care of those residents.</p> <p>2. As used in this section, " residential facility for elderly or disabled persons " means a residential facility that provides care to elderly or disabled persons who require assistance or protective supervision because they suffer from infirmities or disabilities.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure a minimum of 4 hours of training related to the care of elderly and disabled residents was received within 60 days of hire for 5 of 6 employees (Employee #2, #3, #4, #5 and #6)).</p> <p>Findings include:</p> <p>Employee #2 had an unknown date of hire. There was no employee file to review.</p> <p>Employee #3 had an unknown date of hire. There was no employee file to review.</p>		<p>Y1001</p> <p>a) STAFF OF THE FACILITY HAS INFORMED REGARDING NAC 449.2758(1) REGULATION</p> <p>b) ADMINISTRATOR WILL MONITOR FACILITY TO ENSURE NAC 449.2758 REGULATION IS IN COMPLIANCE IS MET.</p> <p>c) ADMINISTRATOR WILL BE USING ATTACHMENT #2, TOG 4070 TO ENSURE REGULATION IS MET AND ATTACHMENT #9, TAG Y101 IS USED TO COMPLY WITH NAC 449.2758(1) REGULATIONS.</p> <p>d) 4/28/09</p>	

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Y1001	Continued From page 56 Employee #4 was hired on 9/2/08. There was no employee file to review. Employee #5 was hired on 9/2/08. There was no employee file to review. Employee #6 had an unknown date of hire. There was no employee file to review. Severity: 2 Scope: 3	Y1001		
Y1020	449.2766(1) Chronic Illness Training NAC 449.2766 1. Within 60 days after being employed by a residential facility for persons with chronic illnesses, an employee of the facility shall obtain at least 4 hours of in-service training related to the care provided to such persons and in the actions necessary to control infections. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure six (6) of six (6) employees received the four (4) hours of training concerning the care of residents with chronic illnesses (Employees #1, #2, #3, #4, #5 & #6). Findings include: Employee #1 had an unknown date of hire. There was no documented evidence of training concerning the care of residents with chronic illnesses.	Y1020	Y1020 a) STAFF OF THE FACILITY WAS INFORMED REGARDING NAC 449.2766(1). b) ADMINISTRATOR WILL MONITOR FACILITY TO ENSURE NAC 449.2766(1) IS IN COMPLIANCE WITH THE REGULATION. c) ADMINISTRATOR WILL MONITOR EMPLOYEE LIST TO ENSURE STAFF IS IN COMPLIANCE WITH THE REGULATION. d) EMPLOYEE #1 WILL TAKE CEN'S FOR ADMINISTRATION LICENSE RENEWAL DUE 7/31/09 e) 7/31/09 f) EMPLOYEES #2, #3, #4	

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Y1020	Continued From page 57 A message was left with the administrator of the surveyor at the facility. The administrator did not return the phone call during the survey. Unable to interview the administrator. Employee #2 had an unknown date of hire. There was no employee file to review. The employee indicated Employee #4 could answer any questions. Employee #3 had an unknown date of hire. There was no employee file to review. Employee #4 was hired on 9/2/08. There was no employee file to review. Employee #5 was hired on 9/2/08. There was no employee file to review. Employee #6 had an unknown date of hire. There was no employee file to review. Severity: 2 Scope: 3	Y1020	#5, #6 has terminated. g) new employee has hired. Q) 7/31/09	

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